## **BUSINESS STATEMENT**

## Montana Dept. of Justice - Gambling Control Division

I	, swear tha	at I am					
[Name]	[Title]						
of	owner	owner of license number					
[Ownership Name]							
and whose principle place of bus	siness is known as		11. 1	. 3.7			
List Officers, Directors or Ma	nagers of the Business:	[Estat	olishmer	it Name	e]		
Name	Home Address	Tit	Title Held		l Security No.	Date of Birth	
NOTE: Each individual listed above must subm (Form 1) and a completed Fingerprint Card. If need to resubmit the forms to this office.							
List the Stockholders or Mem	bers of the Business:						
Normal	W A 11	Social			Percentage of	Number of	
Name	Home Address	Security No.	Security No. E		Ownership	Shares	
NOTE: Each individual listed above must subm (Form 1) and a completed Fingerprint Card. If need to resubmit the forms to this office. Use an	the individuals have previously submitted						
need to resumm the forms to this office. Ose da	amona paper ij necessary.						
I declare under the penalties of false swea any attachment(s), and that the responses am subject to the criminal penalties of seclicense(s).	are true, correct and complete. I un	nderstand that if t	his applica	tion or at	tachments contain f	false information I	
		/					
Signature	Date	te Print Name of Person Signing					
			-		20		
NOTARY SEAL							
						ary Signature)	

My Commission Expires \_\_\_\_\_(Month, Day & Four Digit Year)

Form 30 / Business Statement 10-05